

Department of Homeland Security U. S. Coast Guard CG PPC-2045 (Rev. 08/2009)		Career Intentions Worksheet	
1.EMPLID	2. Name (Last, First, MI)	3. Permanent Unit (Dept ID)	
PURPOSE: Use this form to convey career intentions to the SPO. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections and complete a Preseparation Counseling Checklist (DD-2648).			
4. Answer these questions. If you answer no to these questions, contact your career counselor or unit administrative staff/SPO			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your unit conducted a 6-month predischarge interview and if you are separating, completed a Preseparation Counseling Checklist?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you been advised on the subject of SRB eligibility and, if separating, Reserve Enlistment/Affiliation Bonuses?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U. S. Citizen? (If no, you cannot reenlist or extend without authority from CGPSC) (Note: Per 1.G.5.5. , CG PERSMAN, this does not apply to a member who enlisted from the Republic of the Philippines)			
Commanding Officer's Determination of Eligibility and Recommendation for Reenlistment/Extension			
5. Per 1-G-5 (for Regular) or 1-G-7 (for Reserve) of CG PERSMAN this member is:			
5.A <input type="checkbox"/> Eligible and Recommended for Reenlistment or Extension of Enlistment			
5.B <input type="checkbox"/> Not Eligible/Not Recommend for Reenlistment or Extension of Enlistment (document IAW CG PERSMAN 1.G.5.3(Reg)/1.G.7.3(Res.) and 12-B-5)			
5.C <input type="checkbox"/> Not Eligible per 1.G.____ (enter sub-para #. Example 5.4 for regular member in receipt of retirement orders) CG PERSMAN, but Recommended for Reenlistment or Extension			
5.D. CO's signature:			
Extension/Reenlistment/Reserve Enlistment Section			
6. I plan to.... <input type="checkbox"/> extend <input type="checkbox"/> reenlist (min 3 years for regulars) <input type="checkbox"/> enlist in the CG Reserve		7. For # of yrs (Note: if reenlisting, the minimum is 3 years) Regular members with at least 10 years active service <i>may</i> reenlist for an indefinite period <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> 6yrs <input type="checkbox"/> 8yrs <input type="checkbox"/> Indefinite <input type="checkbox"/> Other: (Reserve enlistments/reenlistments may be for a period of two, three, four, five, six, or eight years.)	
		8. Date of Reenlistment/Date to Sign Extension/Reextension	
9. Person administering the oath for extension agreement/reenlistment:			
Name:		Rank:	
		Title:	
10. Reason for Extension/Reextension of Enlistment:		11a. Selective Reenlistment Bonus <a href="#">See ALCOAST 353/09</a>	
<input type="checkbox"/> Request of individual <input type="checkbox"/> School training requirement <input type="checkbox"/> Obligated service for transfer <input type="checkbox"/> Participation in tuition assistance program <input type="checkbox"/> Obligated service for retirement <input type="checkbox"/> Sell Leave (Effective 01SEP2008, members who are serving on an indefinite contract (which began prior to 01SEP2008) are authorized to cancel and immediately reenlist indefinitely for the purpose of selling leave) (Complete block 24 with # days to sell)		Zone (check one) <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> Not Eligible Multiple _____ Kicker Multiple _____ for _____ Competency Code	
<input type="checkbox"/> Authorized by Commander CGPSC <input type="checkbox"/> Obligated service for advancement <input type="checkbox"/> Obligated service for SRB bonus <input type="checkbox"/> Completion of deployment aboard vessel <input type="checkbox"/> Other (specify): <div></div> <a href="#">See ALCOAST 307/08 for more info.</a>		11b. SELRES Bonus: <a href="#">See ALCOAST 167/09</a> <input type="checkbox"/> Affiliation or <input type="checkbox"/> Prior Service Enlistment Bonus <input type="checkbox"/> Will lateral to _____ Rating (if applicable) <input type="checkbox"/> Assignment to Critical Unit: _____ (if applicable) <input type="checkbox"/> Not Eligible (Unit Name)	
SEPARATION SECTION			
12	<input type="checkbox"/>	I am being discharged involuntarily	
13	<input type="checkbox"/>	I want to be discharged (military obligation completed)	
14	<input type="checkbox"/>	I want to be discharged (military obligation completed) and enlist into the CG Reserve for _____ years and be assigned to the <input type="checkbox"/> SELRES <input type="checkbox"/> IRR. (also use blocks 6 to 9 and 11b to provide details for your enlistment contract)	
15	<input type="checkbox"/>	I want to be released from active duty (Active Duty obligation completed/Reserve RELAD) and be assigned to the <input type="checkbox"/> SELRES <input type="checkbox"/> IRR.	
16	<input type="checkbox"/>	Request to be released/discharged <input type="text"/> days early (NTE 30) to pursue a unique schooling or career opportunity per 12.b.8 PERSMAN	
17	<input type="checkbox"/>	Retire as directed by CGPSC (epm/opm) orders dated: _____ I will perform travel to: _____ My home of selection is: _____ (You have up to one year to make/choose your home of selection.)	
18. <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had a physical examination dated one year or less from your upcoming separation date? Note: If you answered "No", you must complete a physical during the year prior to your separation.	
19. <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)? Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see <a href="http://www.humana-military.com/">http://www.humana-military.com/</a> for information on the program.	
20. If Disch/Relad I will perform travel to my: <input type="checkbox"/> Home of Record <input type="checkbox"/> Place of Enlistment/Acceptance <input type="checkbox"/> Will not be moving			

21. Mode of travel will be (check one): ☐ POC ☐ Gov't Ticket 22. I request advance travel [SF Form 1038](#) is attached ☐ Yes ☐ No

23. Do you occupy government quarters? ☐ Yes ☐ No If yes, enter date you will terminate quarters:

**24. LEAVE SECTION (Complete for Separations, reenlistments and first extensions of enlistment).**

- If your leave plans change after completing this worksheet, immediately notify your SPO. Failure to do so may result in an overpayment for which you will be responsible.
- If you are entering into an indefinite reenlistment this will be the last opportunity to sell leave before you retire or are discharged.
- Regular, Active Duty, members are only authorized to sell a TOTAL of 60 days leave during their career. The 60-day career limitation does not apply to Reservists and Retirees recalled to AD for a contingency operation or Reservists on AD for 31-365 days.
- If separating you must use or sell all leave.
- If you are reenlisting or extending, unused leave will automatically be carried forward into your new service obligation.

**I plan to** (select any that apply): ☐ sell \_\_\_\_\_ days of leave

☐ take terminal leave starting \_\_\_\_\_

☐ take leave prior to my separation for periods listed below

**Enter inclusive leave dates** (continue on separate page if necessary): ☐ more leave dates on separate page

From _____	To _____
From _____	To _____
From _____	To _____

**25. If separating, enter your final mailing address: (This is where your W-2 will be mailed next year.)**

Address _____		County _____	
City _____	State _____	Country _____	Zip Code _____

26. ☐ Yes ☐ No Request copy 6 of my DD-214 is sent to State of \_\_\_\_ Director of Veterans' Affairs.

**27. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:**

Name _____			
Address _____			
City _____	State _____	Country _____	Zip Code _____

**28. FOR RETIREMENT ONLY:**

☐ I have been authorized by CGPSC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW CG PERSMAN Art 12.C.1.e.

☐ I have been approved by my command to utilize 20 days permissive temporary duty IAW CG PERSMAN Art 12.C.1.f.

[See ALCOAST 293/08 for more information](#)

Use in the following order: Up to 20 days permissive temporary duty, processing point permissive orders, and, terminal leave. Contact your admin office for assistance in determining your departure date when using any combination of the above.

<b>Permissive Temp Duty*:</b>	From: _____	To: _____
<b>Processing Point*:</b>	From: _____	To: _____
<b>Terminal leave dates:</b>	From: _____	To: _____

\*Note: Do not input these dates on the retirement transaction or leave transaction in Direct-Access.

**PRIVACY ACT STATEMENT:** In accordance with 5 USC Section 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

29. Member's Signature: _____	29a. Date: _____	30. Supervisor's Signature _____	30a. Date: _____
31. Division/Branch Chief Signature: _____	31a. Date _____	32. Department Head Signature: _____	32a. Date: _____
33. Command Approval _____	33a Date: _____	<b>34. For SPO Use Only</b>	Action Completed on: _____ By (Initials): _____